

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/590515</b>		FILING DATE							
							APPLICANT(S)									
<b>CLAIMS</b>																
	<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>		<b>AFTER 2<sup>ND</sup> AMENDMENT</b>			<b>AS FILED</b>		<b>AFTER 1<sup>ST</sup> AMENDMENT</b>			<b>AFTER 2<sup>ND</sup> AMENDMENT</b>			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.					
1												51				
2												52				
3												53				
4												54				
5												55				
6												56				
7												57				
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9												59				
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43												93				
44												94				
45												95				
46												96				
47												97				
48												98				
49												99				
50												100				
TOTAL IND.			3									TOTAL IND.				
TOTAL DEP.			15									TOTAL DEP.				
TOTAL CLAIMS			18									TOTAL CLAIMS				